

## APPLICATION INFORMATION

Application number:: New  
Filing Date:: Filed herewith  
Application Type:: Regular  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CR disks::  
Number of copies of CDs::  
Sequence submission?:: None  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: ANTIMICROBIAL MOLECULE  
  
Attorney Docket Number:: 6013-106US MG/dp  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 8  
Total Drawing Sheets:: 8  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Secrecy Order in Parent Appl.?:: No

## INVENTOR INFORMATION

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given name:: Richard  
Middle name::  
Family name:: BÉLANGER  
Name Suffix::  
City of Residence:: Cap-Rouge  
State or Province of Residence:: Québec  
Country of Residence:: Canada  
Street:: 1073 De Painpont  
City:: Cap-Rouge  
State or Province:: Québec  
Country:: Canada  
Postal or Zip Code:: G1Y 1B6

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given name:: Yali  
Middle name::  
Family name:: CHENG  
Name Suffix::  
City of Residence:: Sainte-Foy  
State or Province of Residence:: Québec  
Country of Residence:: Canada  
Street:: 2456 chemin des Quatre-Bourgeois, apt. 8  
City:: Sainte-Foy  
State or Province:: Québec  
Country:: Canada  
Postal or Zip Code:: G1V 1W6

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given name:: Caroline  
Middle name::  
Family name:: LABBÉ  
Name Suffix::  
City of Residence:: Lévis  
State or Province of Residence:: Québec  
Country of Residence:: Canada  
Street:: 312 Laure Conen  
City:: Lévis  
State or Province:: Québec  
Country:: Canada  
Postal or Zip Code:: G7A 3L1

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given name:: David  
Middle name::  
Family name:: McNALLY  
Name Suffix::  
City of Residence:: Carlsbad Springs  
State or Province of Residence:: Ontario  
Country of Residence:: Canada  
Street:: 5455, 9e ligne

City:: Carlsbad Springs  
State or Province:: Québec  
Country:: Canada  
Postal or Zip Code:: K0A 1K0

#### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 020988  
Phone number:: (514) 845-7126  
Fax:: (514) 288-8389  
E-Mail Address:: swabey@ogilvyrenault.com

#### **REPRESENTATIVE INFORMATION**

Representative Customer Number:: 020988

#### **DOMESTIC PRIORITY INFORMATION**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::  
60/395,997 Provisional 07/16/2002

#### **FOREIGN PRIORITY INFORMATION**

Country:: Application Number:: Filing Date::

#### **ASSIGNEE INFORMATION**

Assignee name:: UNIVERSITE LAVAL  
Street:: Cité Universitaire  
City:: Québec  
State or Province:: Québec  
Country:: Canada  
Postal or Zip Code:: G1K 7P4